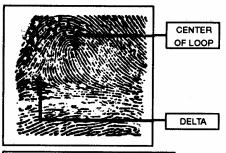
## Fingerprint Card – Used for Nursing Home and Home Health Agency Employees Only (DO NOT USE THIS CARD FOR VOLUNTEERS)

APPLICANT	LEAVE BLANK	last name <u>NAM</u>	RINT ALL INFORMA FIRST NAMI	E MIDDLE NAME	EBI LEAVE BLANK
		Doe	Jane	Denise	
SIGNATURE OF PERSON FINGERPRINTED		ALIASES AKA	O R	SCNFHHC9Z_	
RESIDENCE OF PERSON FINGERPRINE	TED	Phil Smith	<b>L</b>	PL 105-277 COLUMBIA, SC	DATE OF BIRTH DOB Month Day Year
1777 N. Avenue W., Charleston, SC 29000				1 01 25 1958	
DATE ISIGNATURE OF OFFICIAL TAKING FINGERPRINTS		CITIZENSHIP CIZ	A F	RACE HGI. WGI. EYES B 65" 120 BN	BL Pickens SC
SIGNATURE OF OFFIC	ION IONITO CHIOGRERINIO	YOUR NO. QCA		LEAVE BLANK	
EMPLOYER AND ADDRESS		License #NCF-000		CONTRACTOR OF THE CONTRACTOR O	
XYZ Nursing Home				ASS	
501 Elmwood Ave., Charleston, SC 29000		ARMED FORCES NO. MNU			
REASON FINGERPRINTED				EF	
Nursing Home, Employee PL 105-277		000-00-0000 MISCELLANEOUS NO. MNU			
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1, R. THUMB	2. R. INDEX	3. R. MIDDLE		4. R. RING	5. R. LITTLE
		ľ	/		
					-
6. L. THUMB	7. L. INDEX	8. L. MIDDLE		9. L. RING	10, L. LITTLE
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY	

## Fingerprint Card – Used for Nursing Home and Home Health Agency Employees Only (DO NOT USE THIS CARD FOR VOLUNTEERS)

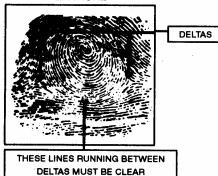
# FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE CJIS DIVISION/CLARKSBURG, WV 26306

1. LOOP



THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

#### 2. WHORL



#### 3. ARCH



ARCHES HAVE NO DELTAS

FD-258 (REV. 5-11-99) TU.S. GPO: 2002 491-378/40027

### **APPLICANT**

TO OBTAIN CLASSIFIABLE FINGERPRINTS:

- 1. USE BLACK PRINTER'S INK.
- 2. DISTRIBUTE INK EVENLY ON INKING SLAB.
- . WASH AND DRY FINGERS THOROUGHLY.
- 4. ROLL FINGERS FROM NAIL TO NAIL, AND AVOID ALLOWING FINGERS TO SLIP.
- 5. BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDER.
- 6. NOTATE IN THE APPROPRIATE FINGER BLOCKS IF APPLICANT IS MISSING ONE OR MORE FINGERS FOR ANY REASON.
  IF NOT MISSING, ALL TEN IMPRESSIONS MUST BE PROVIDED WITH SCARS AND DEFORMITIES NOTATED.
- 7. IF SOME PHYSICAL CONDITION MAKES IT IMPOSSIBLE TO OBTAIN PERFECT IMPRESSIONS, SUBMIT THE BEST THAT CAN BE
- 8. EXAMINE THE COMPLETED PRINTS TO SEE IF THEY CAN BE CLASSIFIED, BEARING IN MIND THAT MOST FINGERPRINTS FALL INTO THE PATTERNS SHOWN ON THIS CARD (OTHER PATTERNS OCCUR INFREQUENTLY AND ARE NOT SHOWN HERE).

#### THIS CARD FOR USE BY:

- 1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLI-CANTS FOR LAW ENFORCEMENT POSITIONS\*
- 2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED SISTES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.
- 3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.\*\*
- 4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY
  OF THOSE INSTITUTIONS.

#### INSTRUCTIONS:

- •.1. PRINTS MUST FIRST BE CHECKED THROUGH THE APPRO-PRINTE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGER-PRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SFARCH
- 2. PRIVACY ACT OF 1974 (PL. 93-579) REQUIRES THAT FEDERAL STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION AND USES WIHICH WILL BE MADE OF IT.
- 3. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
- 4. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.

MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO. PASSPORT NO. [FP], ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. [PS], SELECTIVE SERVICE NO. [SS] VETERANS' ADMINISTRATION CLAIM NO. (VA).

LEAVE THIS SPACE BLANK